

# EXHIBIT F

Dr. Sean Ference  
838 Western Ave  
Albany, NY 12203

Authorization Reference Number: 202316426198401

\* The CDT Code and Nomenclature in this notice are obtained from Current Dental Terminology (including procedure codes, nomenclatures, descriptors and other data contained therein) ("CDT"). CDT is copyright ©2023 American Dental Association. All rights reserved. Applicable FARS/DFARS apply.







1050 West Genesee Street  
Syracuse, New York 13204

888.477.HOME

**DentaQuest**

[nascentiahealthoptions.org](http://nascentiahealthoptions.org)

## INITIAL ADVERSE DETERMINATION DENIAL NOTICE

June 14, 2023

JESSICA MCKENNA  
PO BOX 83  
MIDDLE GROVE, NY 12850

Enrollee Number: 10000396  
Coverage Type: MLTC Partial Capitation Plan  
Service: D7950 facial surgery for Upper Left Quadrant and Upper Right Quadrant  
D7951 sinus augmentation for Upper Left Quadrant and Upper Right Quadrant  
Provider: Sean Ference  
Plan Reference Number: 202316426198401

Dear JESSICA MCKENNA:

This is an important notice about your services. Read it carefully. If you think this decision is wrong, you can ask for a Plan Appeal by **08/13/2023**. You are not responsible for payment of covered services and this is not a bill. Call this number if you have any questions or need help: 1-888-477-4663.

### **Why am I getting this notice?**

On June 13, 2023, you or your provider asked for  
D7950 facial surgery for Upper Left Quadrant and Upper Right Quadrant  
D7951 sinus augmentation for Upper Left Quadrant and Upper Right Quadrant  
provided by Sean Ference.

You are getting this notice because DentaQuest on behalf of Nascentia Health Options has denied your request for services.

### **Why did we decide to deny the request?**

On June 14, 2023, DentaQuest on behalf of Nascentia Health Options decided to deny this service because:

the service can be provided by a participating provider.

- The request for sinus augmentation, Upper Right Quadrant was denied.
- The request for sinus augmentation, Upper Left Quadrant was denied.
- The request for facial surgery, Upper Right Quadrant was denied.





- The request for facial surgery, Upper Left Quadrant was denied.
- This decision was based on:
- Services are only covered by your Health Plan for in network dentists. Our records do not show that your dentist is in our provider network. You may contact us for a dentist that is in network in your area. We have also told your dentist.

## What if I don't agree with this decision?

If you think our decision is wrong, you can tell us why and ask us to change our decision. This is called a **Plan Appeal**. There is no penalty and we will not treat you differently because you asked for a Plan Appeal.

You have **60 calendar days** from the date of this notice to ask for a Plan Appeal. The deadline to file a Plan Appeal is **08/13/2023**.

## Who can ask for a Plan Appeal?

You can ask for a Plan Appeal, or have someone else ask for you, like a family member, friend, doctor, or lawyer. If you told us before that someone may represent you, that person may ask for the Plan Appeal. If you want someone new to act for you, you and that person must sign and date a statement saying this is what you want. Or, you can both sign and date the attached Plan Appeal Request Form. If you have any questions about choosing someone to act for you, call us at: 1-888-477-4663. TTY users call 711.

You can also call the Independent Consumer Advocacy Network (ICAN) to get free, independent advice about your coverage, complaints, and appeals' options. They can help you manage the appeal process. Contact ICAN to learn more about their services:

Independent Consumer Advocacy Network (ICAN)  
Community Service Society of New York  
633 Third Ave, 10th Floor  
New York, NY 10017  
**Phone:** 1-844-614-8800 (**TTY Relay Service:** 711)  
**Web:** [www.icannys.org](http://www.icannys.org) | **Email:** [ican@cssny.org](mailto:ican@cssny.org)

Are you having trouble getting the substance use disorder or mental health services that you need?

The Community Health Access to Addiction and Mental healthcare Project (CHAMP) is an ombudsman program that can help you with insurance rights and getting coverage for your care.

CHAMP can help! Contact:

Community Health Access to Addiction and Mental Healthcare Project (CHAMP)  
Community Service Society of New York  
633 Third Ave, 10th Floor  
New York, NY 10017

**Phone:** 1-888-614-5400 (**TTY Relay Service:** 711)  
**Web:** <https://www.cssny.org/programs/entry/community-health-access-to-addiction-and-mental-healthcare-project-champ>  
**Email:** [ombuds@oasas.ny.gov](mailto:ombuds@oasas.ny.gov)



## How do I ask for a Plan Appeal?

You can call, write or visit us to ask for a Plan Appeal. You or your provider can ask for your Plan Appeal to be **fast tracked** if you think a delay will cause harm to your health. **If you need help, or need a Plan Appeal right away, call us at 1-888-477-4663.**

### Step 1 – Gather your information.

When you ask for a Plan Appeal, or soon after, you will need to give us:

- Your name and address
- Enrollee number
- Service you asked for and reason(s) for appealing
- Any information that you want us to review, such as medical records, doctors' letters or other information that explains why you need the service.
- Any specific information needed for the plan to render a decision on appeal.

If your Plan Appeal is fast tracked, there may be a short time to give us information you want us to review.

To help you prepare for your Plan Appeal, you can ask to see the guidelines, medical records and other documents we used to make this decision. You can ask to see these documents or ask for a free copy by calling 1-888-477-4663.

### Step 2 – Send us your Plan Appeal.

Give us your information and materials by phone, fax, mail or in person:

Phone.....1-888-477-4663  
 Fax .....315-870-7788  
 Mail.....1050 West Genesee Street, Syracuse, NY 13204  
 In Person.....1050 West Genesee Street, Syracuse, NY 13204

To send a written Plan Appeal, you may use the attached Appeal Request Form, but it is not required. Keep a copy of everything for your records.

## What happens next?

We will tell you we received your Plan Appeal and begin our review. We will let you know if we need any other information from you. If you asked to give us information in person, Nascentia Health Options will contact you (and your representative, if any).

We will send you a free copy of the medical records and any other information we will use to make the appeal decision. If your Plan Appeal is fast tracked, there may be a short time to review this information.

We will send you our decision in writing. If fast tracked, we will also contact you by phone. If you win your Plan Appeal, your service will be covered. If you lose your Plan Appeal, we will send you our Final Adverse Determination. The Final Adverse Determination will explain the reasons for our decision and your appeal rights. If you lose your Plan Appeal, you may request a Fair Hearing and, in some cases, an External Appeal.



## When will my Plan Appeal be decided?

**Standard**— We will give you a written decision as fast as your condition requires but no later than 30 calendar days after we get your appeal.

**Fast Track**—We will give you a decision on a fast track Plan Appeal within 72 hours after we get your appeal.

Your Plan Appeal will be fast tracked if:

- A delay will seriously risk your health, life, or ability to function;
- Your provider says the appeal needs to be faster;
- You are asking for more of a service you are getting right now;
- You are asking for home care services after you leave the hospital;
- You are asking for more inpatient substance abuse treatment at least 24 hours before you are discharged; or
- You are asking for mental health or substance abuse services that may be related to a court appearance.

If your request for a Fast Track Plan Appeal is denied, we will let you know in writing and will review your appeal in the standard time.

**For both Standard and Fast Track** - If we need more information about your case, and it is in your best interest, it may take up to 14 days longer to review your Plan Appeal. We will tell you in writing if this happens.

You or your provider may also ask the plan to take up to 14 days longer to review your Plan Appeal.

## Can I ask for a State Fair Hearing?

You have the right to ask the State for a Fair Hearing about this decision **after** you ask for a Plan Appeal **and**:

- You receive a Final Adverse Determination. You will have 120 days from the date of the Final Adverse Determination to ask for a Fair Hearing;

**OR**

- The time for us to decide your Plan Appeal has expired, including any extensions. **If you do not receive a response to your Plan Appeal or we do not decide in time, you can ask for a Fair Hearing.** To request a Fair Hearing call 1-800-342-3334 or fill out the form online at <http://otda.ny.gov/oah/FHReq.asp>.

## Do I have other appeal rights?

You have other appeal rights if your plan said the service was: 1) not medically necessary, 2) experimental or investigational, 3) not different from care you can get in the plan's network, or 4) available from a participating provider who has the correct training and experience to meet your needs.

For these types of decisions, if we do not answer your Plan Appeal on time, the original denial will be reversed.



For these types of decisions, you may be eligible for an External Appeal. An External Appeal is a review of your case by health professionals that do not work for your plan or the State. You may need your doctor's help to fill out the External Appeal application.

Before you ask for an External Appeal:

- You must file a Plan Appeal and get the plan's Final Adverse Determination; or
- If you ask for a Fast Track Plan Appeal, you may also ask for a Fast Track External Appeal at the same time; or
- You and your plan may jointly agree to skip the Plan Appeal process and go directly to the External Appeal.

You have 4 months to ask for an External Appeal from when you receive your plan's Final Adverse Determination, or from when you agreed to skip the Plan Appeal process.

To get an External Appeal application and instructions:

- Call Nascentia Health Options at 1-888-477-4663; or
- Call the New York State Department of Financial Services at 1-800-400-8882; or
- Go on line: [www.dfs.ny.gov](http://www.dfs.ny.gov)

The External Appeal decision will be made in 30 days. Fast track decisions are made in 72 hours. The decision will be sent to you in writing. If you ask for an External Appeal and a Fair Hearing, the Fair Hearing decision will be the final decision about your benefits.

### **Other help:**

You can file a complaint about your managed care at any time with the New York State Department of Health by calling 1-866-712-7197.

You can call Nascentia Health Options at 1-888-477-4663 if you have any questions about this notice.

Sincerely,

Utilization Management Department  
DentaQuest

Enclosure: Appeal Request Form

cc: Sean Ference





**Nascentia Health Options APPEAL REQUEST FORM  
FOR DENIAL OF SERVICES**

**Mail this form to:**

Nascentia Health Options  
1050 West Genesee Street  
Syracuse, NY 13204

**Fax to:** 315-477-9590

Today's date: \_\_\_\_\_

**Deadline:** If you want a Plan Appeal, **you must ask for it on time. You have 60 days** from the date of this notice to ask for a Plan Appeal. The last day to ask for a Plan Appeal about this decision is **08/13/2023**.

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**Enrollee Information**

Name: JESSICA MCKENNA

Enrollee ID: 10000396

Address: PO BOX 83 MIDDLE GROVE, NY 12850

Home Phone: (518) 573-7269 Cell Phone:

Plan Reference Number: 202316426198401

Service being Denied: D7950 facial surgery for Upper Left Quadrant and Upper Right Quadrant

D7951 sinus augmentation for Upper Left Quadrant and Upper Right Quadrant

**I think the plan's decision is wrong because:**

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Check all that apply:

- ☐ I request a Fast Track Appeal because a delay could harm my health.
- ☐ I enclosed additional documents for review during the appeal.
- ☐ I would like to give information in person.
- ☐ I want someone to ask for a Plan Appeal for me:
  - Have you authorized this person with Nascentia Health Options before? YES ☐ NO ☐
  - Do you want this person to act for you for all steps of the appeal or fair hearing about this decision? You can let us know if change your mind. YES ☐ NO ☐

**Requester (person asking for me)**

Name:

E- mail:

Address:

City:

State:

Zip Code:

Phone #: (        )

Fax #: (        )

**Enrollee Signature:**

**Date:**

**Requester Signature:**

**Date:**





*If this form cannot be signed, the plan will follow up with the enrollee to confirm intent to appeal.*





## NOTICE OF NON-DISCRIMINATION

**Nascentia Health Options** complies with Federal civil rights laws. **Nascentia Health Options** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

**Nascentia Health Options** provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose first language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call **Nascentia Health Options** at 1-888-477-4663. For TTY/TDD services, call TTY/TDD 711.

If you believe that **Nascentia Health Options** has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with **Nascentia Health Options** by:

Mail: 1050 West Genesee Street, Syracuse, NY 13204

Phone: 1-888-477-4663 (for TTY/TDD services, call 711)

Fax: 315-870-7788

In person: 1050 West Genesee Street, Syracuse, NY 13204

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

Web: Office for Civil Rights Complaint Portal at

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Mail: U.S. Department of Health and Human Services

200 Independence Avenue SW., Room 509F, HHH Building  
Washington, DC 20201

Complaint forms are available at

<http://www.hhs.gov/ocr/office/file/index.html>

Phone: 1-800-368-1019 (TTY/TDD 800-537-7697)



ATTENTION: Language assistance services, free of charge, are available to you. Call 1-888-477-4663 TTY/TDD 711 .	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-477-4663 TTY/TDD 711.	Spanish
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-477-4663 TTY/TDD 711.	Chinese
ملحوظة: إذا كنت تتحدث اذكّر اللغة، فان خدمات المساعدة اللغوية تتوانر لك بالمجان. اتصل برقم 4663-477-888-1-م TTY/TDD 711	Arabic
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-477-4663 TTY/TDD 711 번으로 전화해 주십시오.	Korean
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-477-4663 (телетайп: TTY/TDD 711).	Russian
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-477-4663 TTY/TDD 711.	Italian
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-477-4663 TTY/TDD 711.	French
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-477-4663 TTY/TDD 711.	French Creole
אויפֿמערקזאַם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט <1-888-477-4663/TTY/TDD>.	Yiddish
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-477-4663 TTY/TDD 711	Polish
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa <1-888-477-4663/TTY/TDD 711.	Tagalog
লক্ষ্য করুন: যদি আপনি বাংলা, কথো বলতে পারেন, চোহতল দনঃখোচোয় ভাষা সহায়চো পদোেষবো উপলদ্ধ আতো। ফোন করুন ১-< toll 888-477-4663 TTY/TDD 711	Bengali
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në <1-888-477-4663 TTY/TDD 711.	Albanian
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-888-477-4663 TTY/TDD 711.	Greek
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں <1-888-477-4663 711 TTY>.	Urdu



JESSICA MCKENNA  
PO BOX 83  
MIDDLE GROVE, NY 12850

Authorization Reference Number: 202317126083201

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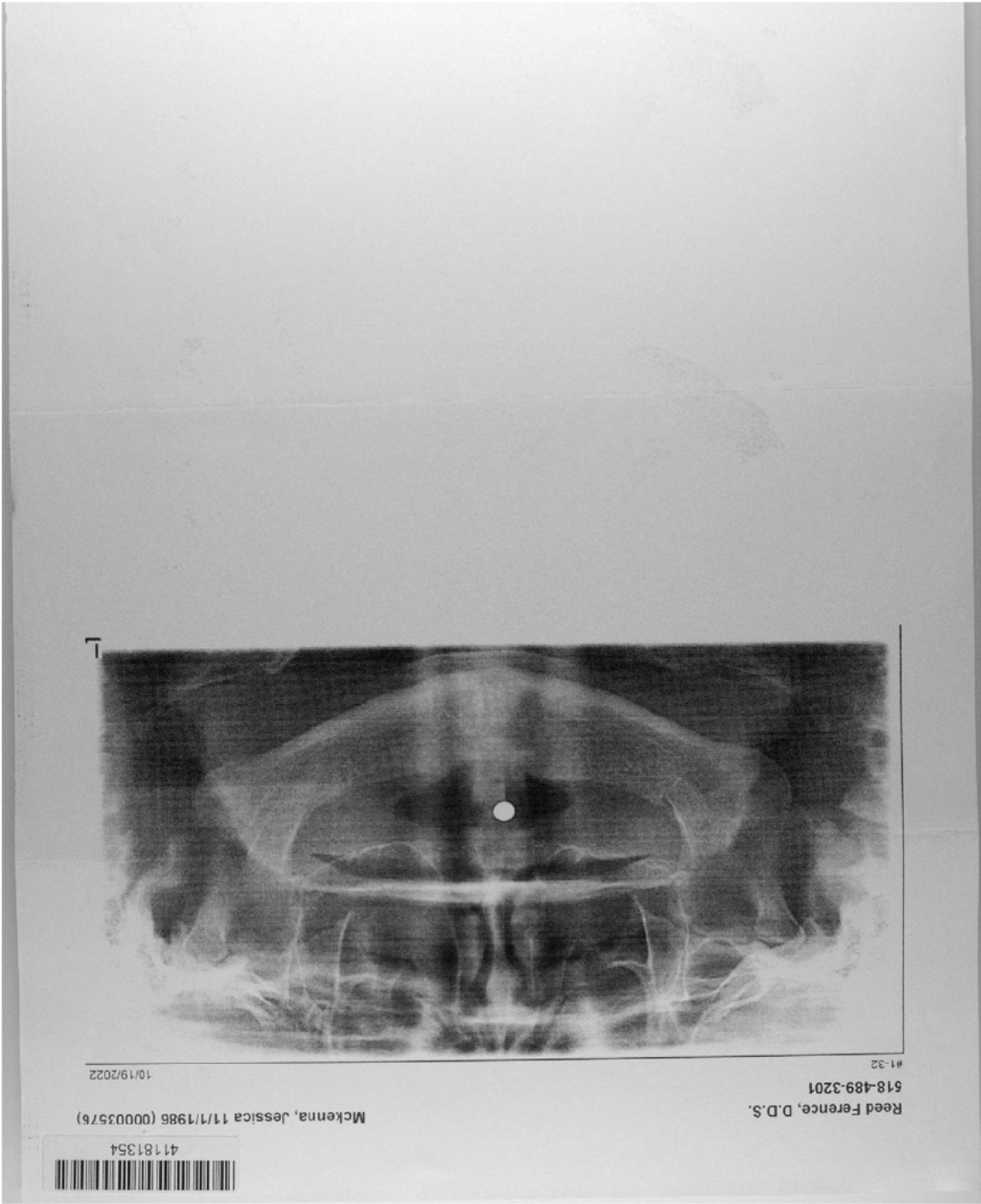




Brightness

Contrast

Invert



Brightness

Contrast

Invert

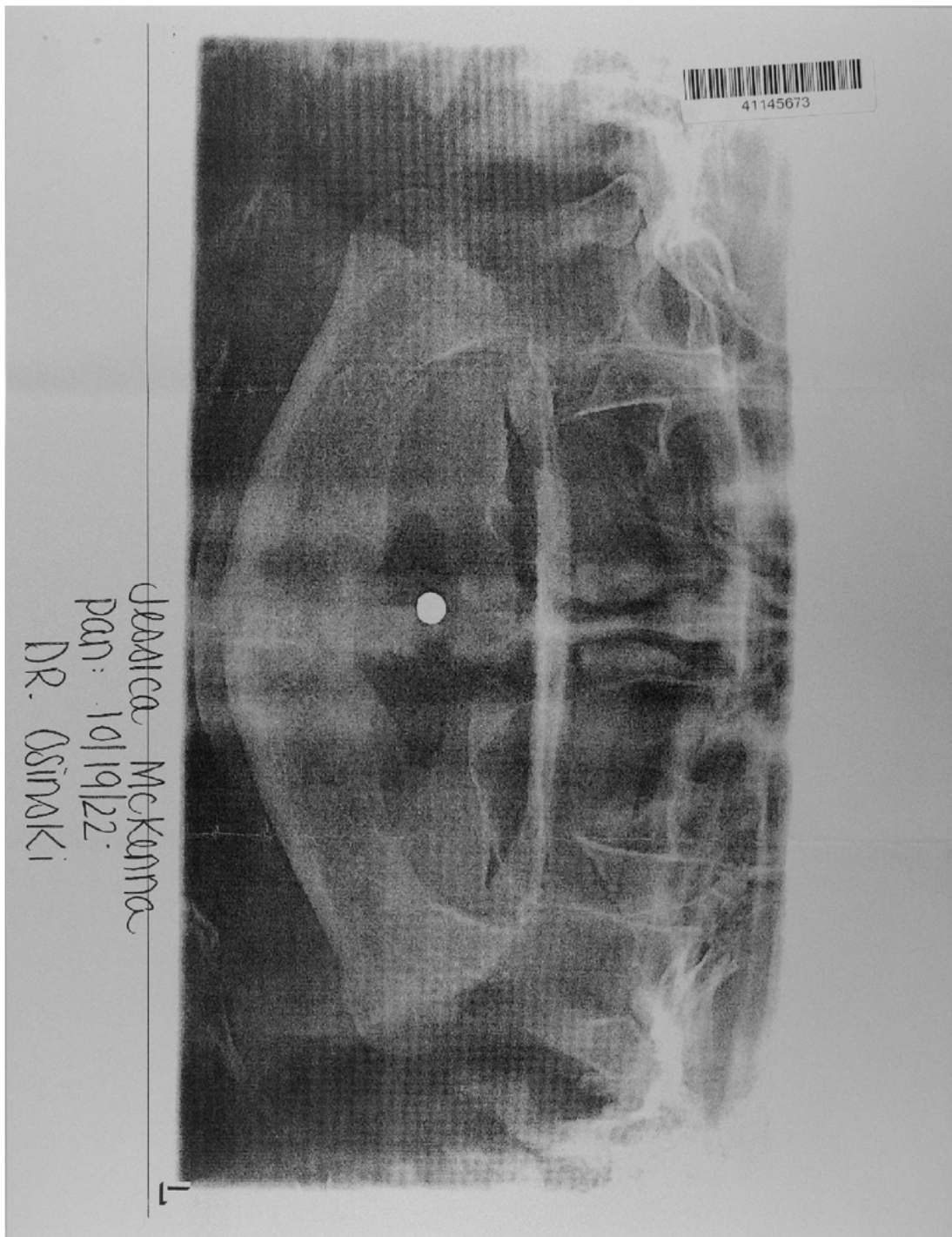




Brightness

Contrast

Invert



# Fax Transmission

**To:**

**From:**

**Fax:** 12628343452

**Date:** 9/28/2023 9:45:11 AM MST

**RE:**

**Pages:** 3

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**Comments:**



# Fax Transmission

**To:** ATTN: Pre-Authorization Dept

**From:** Aspire Anesthesia -Heiko Giesberg

**Fax:** 12628343452

**Date:** 9/18/2023 9:32:35 AM MST

**RE:**

**Pages:** 2

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## Comments:

To Whom it May Concern:

Our patient has requested for us to forward a copy of the following invoice for pre-authorization.

Patient Info:

Jessica McKenna

[REDACTED]  
Middle Grove, NY 12850

Thank you,

Heiko Giesberg  
Aspire Anesthesia

Aspire Anesthesia

1 Blue Hill Plz Ste 1509  
 Pearl River, NY 10965  
 846-770-3883  
 office@aspireanesthesia.com  
 www.aspireanesthesia.com



INVOICE

BILL TO  
 Jessica McKenna  
 Middle Grove, NY 12850

INVOICE 1232  
 DATE 06/21/2023  
 DUE DATE 09/29/2023

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
09/29/2023	First 15Min – (D9222/99156)	First 15Min –Deep Sedation/General Anesthesia (D9222/99156)	1	250.00	250.00
09/29/2023	Additional 15Min – (D9223/99157)	Additional 15Min –Deep Sedation/General Anesthesia (D9223/99157)	3	250.00	750.00
09/29/2023	Additional 15Min – (D9223/99157)	Additional 15Min –Deep Sedation/General Anesthesia (D9223/99157)	18	200.00	3,600.00
09/29/2023	Courtesy Adjustment	Courtesy Service Adjustment	1	-100.00	-100.00

Incremental rate charges are estimated prior to performance of surgery. Timing will be adjusted +/- at completion of service for settlement. Deposit payments are non-refundable in effort to reserve planning and scheduling. We appreciate your business. Cap \$4,500. Overpayment from invoice#1220 applied of \$100

PAYMENT	100.00
BALANCE DUE	<b>\$4,400.00</b>

Pay invoice



1050 West Genesee Street  
Syracuse, New York 13204

888.477.HOME

**DentaQuest**  
nascentiahealthoptions.org

October 28, 2023

JESSICA MCKENNA

MIDDLE GROVE, NY 12850

Member ID Number: 10000396

C&G Case Number: 00952167

Provider: Aspire Anesthesia

Dear JESSICA MCKENNA:

We have received your request for an appeal to the Notice of Action decision dated 9/28/2023, however, we regret to inform you that the request is denied. You asked for deep sedation/general anesthesia for first 15 minutes and deep sedation/general anesthesia - each subsequent 15 minute increment. Based on Medicaid guidelines, we are not permitted to reimburse members directly for claims. The provider does not appear to have the necessary permit to provide this type of anesthesia treatment. Therefore, the services are denied.

If you have any questions regarding your request, please contact us anytime at 1-844-824-2024 or writing to **DentaQuest, Appeals Department, P.O. Box 2906, Milwaukee, WI 53201-2906.**

Thank you,

A handwritten signature in black ink that reads "Jentaya Steeple". The signature is written in a cursive, flowing style.

Jentaya Steeple  
Appeals Specialist II  
DentaQuest

## Nondiscrimination Notice

Nascentia Health complies with Federal civil rights laws. Nascentia Health care does not exclude people or treat them differently because of race, color, national origin, disability, age or sex.

Nascentia Health provides the following:

- Aids and services to people with disabilities to help communicate with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Language services to people whose first language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call Nascentia Health at 1-888-477-HOME (4663); TTY 711

If you believe that Nascentia Health has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with Nascentia Health by:

- Phone: 1-877-HOME (4663) TTY users should call: 711
- Fax: 1-315-870-7788
- Mail: Nascentia Health  
Attn: Corporate Compliance  
1050 West Genesee St  
Syracuse, NY 13204

You can also file a civil rights complaint with the U.S. Department of Health and Human services, Office for Civil Rights by:

- Web: Office for Civil rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Mail: U.S. Department of Health and Human Services  
200 Independence Avenue SW., Room 509F, HHH  
Building Washington, DC 20201

Complaint forms available at:

<http://www.hhs.gov/ocr/office/file/index.html> o Phone: 1-800-868-1019

(TTY/TDD 800-537-7697)

## Language Assistance

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-888477-4663 TTY/TDD 711.	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-477-4663 TTY/TDD 711.	Spanish
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-477-4663 TTY/TDD 711.	Chinese
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (رقم 711) رقم هاتف الصم والبك 1-888-477-4663م	Arabic
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-4774663 TTY/TDD 711 번으로 전화해 주십시오.	Korean
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-88-477-4663 (телетайп: 711).	Russian
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-477-4663 TTY/TDD 711.	Italian
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-477-4663 TTY/TDD 711.	French
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888477-4663 TTY/TDD 711.	French Creole
אויפֿמערקזאָם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט <711 1-888-477-4663 TTY: 711	Yiddish
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-477-4663 TTY/TDD 711	Polish
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-477-4663 TTY/TDD 711.	Tagalog
লক্ষ্য করুন: যদি আপদন বাংলা, কথা বলতে পাতেন, োহতল দনঃখেচায় ভাষা সহায়ো পদেতষবা উপলব্ধ আতে। ফ ান করুন ১-১-৮৮৮-৪৭৭-৪৬৬৩ TTY/TDD 711	Bengali
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-888-477-4663 TTY/TDD 711.	Albanian

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-888-477-4663 TTY/TDD 711.	Greek
ک (TTY: 711) خبردار: آپاردوبولتے ہیں، تو آپکوزبانکیمددکیخدماتمفتمیندستیابہیں۔ کال 4663-477-888-1	Urdu

JESSICA MCKENNA  
PO BOX 83  
MIDDLE GROVE, NY, 12850

Reference Number: 890690

\*The CDT Code and Nomenclature above have been obtained from Current Dental Terminology (including procedure codes, nomenclatures, descriptors and other data contained therein) (“CDT”). CDT is copyright ©2019 American Dental Association. All rights reserved. Applicable FARS/DFARS apply.

FINAL ADVERSE DETERMINATION  
DENIAL NOTICE

DentaQuest  
P.O. Box 2906  
Milwaukee, WI 53201-2906  
1-844-824-2024, TTY: 711

8/9/2023

JESSICA MCKENNA  
PO BOX 83  
MIDDLE GROVE, NY, 12850

Member Number: JESSICA MCKENNA  
Coverage type: MLTC Partial Capitation Plan  
Plan reference number: 890690  
Provider: Sean Ference  
Facility: 838 Western Ave Albany, NY 12203  
Service developer/manufacture: N/A  
Date appeal filed: 7/25/2023  
Date of appeal determination: 8/9/2023

Dear JESSICA MCKENNA:

This is an important notice about your services. Read it carefully. If you think this decision is wrong, you can ask for a Fair Hearing by **12/7/2023**. You are not responsible for payment of covered services, and this is not a bill. Call this number if you have any questions or need help: 1-888-477-4663.

**Why am I getting this notice?**

You are getting this notice because on 7/25/2023 you or your provider asked for a Plan Appeal about our decision to deny D7950 facial surgery for Upper left and right quadrant; D7951 sinus augmentation for Upper left and right quadrant. On 8/9/2023, we decided we are not changing our decision to deny your request.



## Why did we decide to deny your request?

DentaQuest on behalf of Nascentia decided to deny this request because the service can be provided by a participating provider.

This decision was made under 42 CFR Sections 438.210 and 438.404; NYS Social Services Law Sections 364-j(4)(k) and 365-a(2); 18 NYCRR Section 360-10.8

## What if I don't agree with this decision?

If you think this decision is wrong:

- **You can ask the State for a Fair Hearing** – and an Administrative Law Judge will decide your case.
- You can ask the State for an External Appeal – this may be the best way to show how this service is medically necessary for you.

If you ask for both of these, the Fair Hearing decision will always be the final answer.

## How can I ask for a Fair Hearing?

**You have a total of 120 calendar days** from the date of this notice to ask for a Fair Hearing. The deadline to ask for a Fair Hearing is **12/7/2023**.

**To ask for a Fair Hearing**, you can:

- **Call:** 1-800-342-3334 (TTY call 711 and ask operator to call 1-877-502-6155)
- **Request online using the form at:** <http://otda.ny.gov/oah/FHReq.asp>
- **Use the Managed Care Fair Hearing Request Form that came with this notice.** Return it with this notice by mail, fax, or in person. Keep a copy of the request and notice for yourself.

**MAIL FAIR HEARING REQUEST FORM TO:**

New York State Office of Temporary and Disability Assistance  
Office of Administrative Hearings  
Managed Care Unit  
P.O. Box 22023  
Albany, New York 12201-2023

**FAX FAIR HEARING REQUEST FORM TO:** 518-473-6735

OR

- **WALK IN – New York City Only:**  
Office of Temporary and Disability Assistance  
Office of Administrative Hearings  
14 Boerum Place - 1st Floor

Brooklyn, New York 11201

**After you ask for a Fair Hearing**, the State will send you a notice with the time and place of the hearing. At the hearing you will be asked to explain why you think this decision is wrong. A hearing officer will hear from both you and the plan and decide whether our decision was wrong.

**To prepare for the hearing:**

- **We will send you a copy of the “evidence packet” before the hearing.** This is information we used to make our decision about your services. We will give this information to the hearing officer to explain our decision. If there is not time enough to mail it to you, we will bring a copy of the evidence packet to the hearing for you. If you do not get the evidence packet by the week before your hearing, you can call 1-844-824-2024 to ask for it.
- **You have the right to see your case file and other documents.** Your case file has your health records and may have more information about why your health care service was changed or not approved. You can also ask to see guidelines and any other document we used to make this decision. You can call 1-844-824-2024 to see your case file and other documents, or to ask for a free copy. Copies will only be mailed to you if you say you want them to be mailed.
- **You have a right to bring a person with you to help you at the hearing**, like a lawyer, a friend, a relative or someone else. At the hearing, you or this person can give the hearing officer something in writing, or just say why the decision was wrong. You can also bring people to speak in your favor. You or this person can also ask questions of any other people at the hearing.
- **You have the right to submit documents to support your case.** Bring a copy of any papers you think will help your case, such as doctor’s letters, health care bills, and receipts. It may be helpful to bring a copy of this notice and all the pages that came with it to your hearing.
- **You may be able to get legal help** by calling your local Legal Aid Society or advocate group. To locate a lawyer, check your Yellow Pages under “Lawyers” or go to [www.LawhelpNY.org](http://www.LawhelpNY.org). In New York City, call 311.

**After the hearing**, you will be sent a written decision about your case.

**How can I ask for an External Appeal?**

You have **four months** from receipt of this notice to ask for an External Appeal.

A description of your External Appeal rights and an application is attached to this notice. To ask for an External Appeal fill out and return the application to the New York State Department of Financial Services. You may need your doctor’s help to fill out the External Appeal application. You can call the New York State Department of Financial Services at 1-800-400-8882 for help.

The External Appeal decision will be made in 30 days. Your appeal will be fast tracked if your provider says the appeal needs to be faster. If your External Appeal is fast tracked, a decision will be made in 72 hours. The decision will be sent to you in writing.

**Other Help:**

You can file a complaint about your managed care at any time with the New York State Department of Health by calling 1-866-712-7197.

You can call the Independent Consumer Advocacy Network (ICAN) to get free, independent advice about your coverage, complaints, and appeals' options. They can help you manage the appeal process. Contact ICAN to learn more about their services:

Independent Consumer Advocacy Network (ICAN)  
Community Service Society of New York  
633 Third Ave, 10th Floor  
New York, NY 10017

**Phone:** 1-844-614-8800 (**TTY Relay Service:** 711)

**Web:** [www.icannys.org](http://www.icannys.org) | **Email:** [ican@cssny.org](mailto:ican@cssny.org)

Are you having trouble getting the substance use disorder or mental health services that you need?

The Community Health Access to Addiction and Mental healthcare Project (CHAMP) is an ombudsman program that can help you with insurance rights and getting coverage for your care.

CHAMP can help! Contact:

Community Health Access to Addiction and Mental Healthcare Project (CHAMP)  
Community Service Society of New York  
633 Third Ave, 10<sup>th</sup> Floor  
New York, NY 10017

**Phone:** 1-888-614-5400 (**TTY Relay Service:** 711)

**Web:** <https://www.cssny.org/programs/entry/community-health-access-to-addiction-and-mental-healthcare-project-champ>

**Email:** [ombuds@oasas.ny.gov](mailto:ombuds@oasas.ny.gov)

You can call Nascentia Health Options at 1-888-477-4663 if you have any questions about this notice. To speak to someone at DentaQuest, please call 1-844-824-2024.

Sincerely,



Hanny Lico

Complaints and Grievances

Enclosure: Managed Care Fair Hearing Request Form  
External Appeal Standard Description and Application

cc: Requesting Provider

**MANAGED CARE DECISION FAIR HEARING REQUEST FORM**

**MAIL TO:** NYS Office of Temporary and Disability Assistance  
Office of Administrative Hearings  
Managed Care Unit  
P.O. Box 22023  
Albany, New York 12201-2023

**FAX TO:** 518-473-6735

**DEADLINE:**

You have 120 calendar days from the date of this notice to ask for a Fair Hearing. **The last day to ask for a Fair Hearing is 12/7/2023. If you want a Fair Hearing, you must ask for it on time.**

<input type="checkbox"/> <b>I want a Fair Hearing. This decision is wrong because:</b>			
Enrollee	Name	Signature	Phone
Representative (if any)	Name	Signature	
	Relationship	Phone	

**FOR NYS OTDA ONLY** MANAGED CARE DECISION FAIR HEARING REQUEST FORM

Notice Date: 8/9/2023	Effective: 8/9/2023	Service Type: D7950 facial surgery for Upper left and right quadrant; D7951 sinus augmentation for Upper left and right quadrant
<i>Case Name (c/o, if present) and Address:</i> JESSICA MCKENNA PO BOX 83 MIDDLE GROVE, NY, 12850 CIN: EY34913K		DentaQuest P.O. Box 2906 Milwaukee, WI 53201-2906  Reference No.: 202316426198401

A Plan Appeal was filed on 7/25/2023. On 8/9/2023, DentaQuest on behalf of Nascentia Health Options decided we are not changing our previous decision to deny the service.



## NOTICE OF NON-DISCRIMINATION

**Nascentia Health Options** complies with Federal civil rights laws. **Nascentia Health Options** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

**Nascentia Health Options** provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose first language is not English, such as:
  - Qualified interpreters-
  - Information written in other languages

If you need these services, call **Nascentia Health Options** at 1-888-477-4663 For TTY/TDD services, call 711.

If you believe that **Nascentia Health Options** has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with **Nascentia Health Options** by:

Mail: 1050 West Genesee Street, Syracuse, NY 13204  
Phone: 1-888-477-4663 (for TTY/TDD services, call 711)  
Fax: 315-870-7788  
In person: 1050 West Genesee Street, Syracuse, NY 13204

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

Web: Office for Civil Rights Complaint Portal at  
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Mail: U.S. Department of Health and Human Services  
200 Independence Avenue SW., Room 509F, HHH Building  
Washington, DC 20201  
Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>  
Phone: 1-800-368-1019 (TTY/TDD 800-537-7697)

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-888-477-4663 TTY/TDD 711 .	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-477-4663 TTY/TDD 711.	Spanish
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-477-4663 TTY/TDD 711.	Chinese
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم TTY/TDD 711 <(رقم هاتف الصم والبكم 1-888-477-4663	Arabic
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 1-888-477-4663 TTY/TDD 711 번으로 전화해 주십시오.	Korean
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-477-4663 (телетайп: TTY/TDD 711).	Russian
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-477-4663 TTY/TDD 711.	Italian
ATTENTION : Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-888-477-4663 TTY/TDD 711.	French
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-477-4663 TTY/TDD 711.	French Creole
אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. <1-888-477-4663/TTY/TDD> רופט	Yiddish
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-477-4663 TTY/TDD 711	Polish
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa <1-888-477-4663/TTY/TDD 711.	Tagalog
লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১- <toll 888-477-4663 TTY/TDD 711	Bengali
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në <1-888-477-4663 TTY/TDD 711.	Albanian
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-888-477--4663 TTY/TDD 711.	Greek
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں <1-888-477-4663 711 TTY>.	Urdu

Member Name: JESSICA MCKENNA

Auth/Claim Number: 202316426198401

# **Attachment:**

## **Case File**



## ADA Dental Claim Form

ADA VERSION 2012

## HEADER INFORMATION

1. Type of Transaction (Mark all applicable boxes)

- ☐ Statement of Actual Services ☒ Request for Predetermination/Presubmital  
☐ EPSDT/TIIE XDX

2. Predetermination/Presubmital Number

## INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION

3. Company/Plan Name, Address, City, State, Zip Code

DentaQuest  
PO Box 2906  
Milwaukee, WI 53201-2906

## OTHER COVERAGE (Mark applicable box and complete items 5-11, if none, leave blank.)

4. Dental? ☐ Medical? ☐ (If both, complete 5-11 for dental only)

5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)

6. Date of Birth (MM/DD/YYYY) 7. Gender ☐ M ☐ F 8. Policyholder/Subscriber ID (SSN or ID#)

9. Plan/Group Number

10. Patient's Relationship to Person named in #5  
☐ Self ☐ Spouse ☐ Dependent ☐ Other

11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

## POLICYHOLDER/SUBSCRIBER INFORMATION (For Insurance Company Named in #3)

12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code  
McKenna, Jessica

Middle Grove, NY 12850

13. Date of Birth (MM/DD/YYYY)

14. Gender ☐ M ☒ F15. Policyholder/Subscriber ID (SSN or ID#)  
10000396

16. Plan/Group Number

17. Employer Name

## PATIENT INFORMATION

18. Relationship to Policyholder/Subscriber in #12 Above

☒ Self ☐ Spouse ☐ Dependent Child ☐ Other

19. Reserved For Future Use

20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

21. Date of Birth (MM/DD/YYYY)

22. Gender ☐ M ☐ F23. Patient ID/Account # (Assigned by Dentist)  
109415 40648

## RECORD OF SERVICES PROVIDED

24. Procedure Date (MM/DD/YYYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	30a. Cmg. Pointer	30b. Qty.	30. Description	31. Fee
1	10				D7951		01	Sinus Graft/RidgeAugmen.-late	3200.00
2	20				D7951		01	Sinus Graft/RidgeAugmen.-late	3200.00
3	10				D7950		01	Guided bone regeneration	3000.00
4	20				D7950		01	Guided bone regeneration	3000.00
5									
6									
7									
8									
9									
10									

33. Missing Teeth Information (Place an "X" on each missing tooth.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18

34. Diagnostic Code List Qualifier

(ICD-9 = B; ICD-10 = AB)

31a. Other Fee(s)

34a. Diagnostic Code(s)

A C

(Primary diagnosis in "A")

B D

32. Total Fee

12400.00

35. Remarks

## AUTHORIZATIONS

36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim.

X Patient Signature on file 06/12/2023  
Patient/Guardian Signature Date

37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.

X  
Subscriber Signature Date

BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)

48. Name, Address, City, State, Zip Code  
Sean Ference DDS  
838 Western Avenue  
Albany, NY 12203

49. NPI  
160936099950. License Number  
06179051. SSN or TIN  
872775809

52. Phone Number (518) 489-3201

53a. Additional Provider ID

## ANCILLARY CLAIM/TREATMENT INFORMATION

38. Place of Treatment 11 (e.g. 11-office; 22-OP Hospital)  
(Use "Place of Service Codes for Professional Claims")

39. Endorsements (Y or N)

40. Is Treatment for Orthodontics?

☒ No (Skip 41-42) ☐ Yes (Complete 41-42)

41. Date Appliance Placed (MM/DD/YYYY)

42. Months of Treatment Remaining

43. Replacement of Prostheses  
☐ No ☐ Yes (Complete 44)

44. Date of Prior Placement (MM/DD/YYYY)

45. Treatment Resulting from

☐ Occupational Illness/Injury ☐ Auto accident ☐ Other accident

46. Date of Accident (MM/DD/YYYY)

47. Auto Accident State

## TREATING DENTIST AND TREATMENT LOCATION INFORMATION

53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.

X Sean Ference  
Signed (Treating Dentist)

06/12/2023  
Date

54. NPI: 1609360999

55. License Number 061790

56. Address, City, State, Zip Code

56a. Provider Specialty Code 1223P0300X

838 Western Avenue  
Albany, NY 12203

57. Phone Number (518) 489-3201

58. Additional Provider ID

# ADA Dental Claim Form

ADA VERSION 2012

## HEADER INFORMATION

1. Type of Transaction (Mark all applicable boxes)  
☒ Statement of Actual Services ☐ Request for Predetermination/Preauthorization  
☐ EPSDT/Title XIX

2. Predetermination/Preauthorization Number

## INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION

3. Company/Plan Name, Address, City, State, Zip Code  
 DentaQuest  
 PO Box 2906  
 Milwaukee, WI 53201-2906

## OTHER COVERAGE (Mark applicable box and complete items 5-11. If none, leave blank.)

4. Dental? ☐ Medical? ☐ (If both, complete 5-11 for dental only.)

5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)

6. Date of Birth (MM/DD/YYYY) 7. Gender ☐ M ☐ F 8. Policyholder/Subscriber ID (SSN or ID#)

9. Plan/Group Number 10. Patient's Relationship to Person named in #5  
☐ Self ☐ Spouse ☐ Dependent ☐ Other

11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

## POLICYHOLDER/SUBSCRIBER INFORMATION (For Insurance Company Named in #3)

12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code  
 McKenna, Jessica

Middle Grove, NY 12850

13. Date of Birth (MM/DD/YYYY) 14. Gender ☐ M ☒ F 15. Policyholder/Subscriber ID (SSN or ID#)  
 10000396

16. Plan/Group Number 17. Employer Name

## PATIENT INFORMATION

18. Relationship to Policyholder/Subscriber in #12 Above  
☒ Self ☐ Spouse ☐ Dependent Child ☐ Other 19. Reserved For Future Use

20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

21. Date of Birth (MM/DD/YYYY) 22. Gender ☐ M ☐ F 23. Patient ID/Account # (Assigned by Dentist)  
 109415 40653

## RECORD OF SERVICES PROVIDED

34. Procedure Date (MM/DD/YYYY)	35. Area of Oral Cavity	36. Tooth System	37. Tooth Number(s) or Letter(s)	38. Tooth Surface	39. Procedure Code	20a. Diag. Pointer	20b. Qty.	30. Description	31. Fee
06/02/2023	10				D7951		01	Sinus Graft/RidgeAugmen.-late	3200.00
06/02/2023	20				D7951		01	Sinus Graft/RidgeAugmen.-late	3200.00
06/02/2023	10				D7950		01	Guided bone regeneration	3000.00
06/02/2023	20				D7950		01	Guided bone regeneration	3000.00
6									
7									
8									
9									
10									

33. Missing Teeth Information (Place an "X" on each missing tooth.)																34. Diagnosis Code List Qualifier <input type="checkbox"/> (ICD-9 = B; ICD-10 = AB)				31a. Other Fee(s)	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	34a. Diagnosis Code(s) A _____ C _____					
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	(Primary diagnosis in "A") B _____ D _____					
																32. Total Fee		12400.00			

35. Remarks

## AUTHORIZATIONS

36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim.

X Patient Signature on file 06/12/2023  
 Patient/Guardian Signature Date

37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.

X Subscriber Signature Date

BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)

46. Name, Address, City, State, Zip Code  
 Sean Ference DDS  
 838 Western Avenue  
 Albany, NY 12203

47. NPI 1609360999 50. License Number 061790 51. SSN or TIN 872775809

52. Phone Number (518) 489-3201 53a. Additional Provider ID

## ANCILLARY CLAIM/TREATMENT INFORMATION

38. Place of Treatment 11 (e.g. 11=office; 22=QIP Hospital) 39. Enclosures (Y or N)  
 (Use "Place of Service Codes for Professional Claims")

40. Is Treatment for Orthodontics? ☒ No (Skip 41-42) ☐ Yes (Complete 41-42) 41. Date Appliance Placed (MM/DD/YYYY)

42. Months of Treatment Remaining ☐ No ☐ Yes (Complete 44) 43. Replacement of Prosthesis ☐ No ☐ Yes (Complete 44) 44. Date of Prior Placement (MM/DD/YYYY)

45. Treatment Resulting from ☐ Occupational Illness/Injury ☐ Auto accident ☐ Other accident

46. Date of Accident (MM/DD/YYYY) 47. Auto Accident State

## TREATING DENTIST AND TREATMENT LOCATION INFORMATION

53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.

X Sean Ference 06/12/2023  
 Signed (Treating Dentist) Date

54. NPI 1609360999 55. License Number 061790

56. Address, City, State, Zip Code 56a. Provider Specialty Code 1223P0300X

838 Western Avenue  
 Albany, NY 12203

57. Phone Number (518) 489-3201 58. Additional Provider ID

12:56:21 PM 2023164261986



# CAPITAL REGION

Periodontics & Dental Implants

Reed Ference DDS, M. DENT. SC

Sean Ference DDS, M. DENT. SC

838 Western Ave.

Albany, NY 12203

(518) 489-3201

[www.albanyperiodontimplants.com](http://www.albanyperiodontimplants.com)

# Fax

To:	Claims Dept.	From:	Lange
Fax:	(262) 834-3589	Pages:	5
Phone:		Date:	
Re:		Cc:	

☐ Urgent

☐ For review

☐ Please  
comment

☐ Please reply ☐ Please recycle

Comments: I've sent this to NScentia  
as well.

Name: Jessica McKenna (109415)

Image Name: .Med Info

05/31/2023 13:40 PM TO: 5186890035 FROM: 077063113 Page: 2



40 New Street, Saratoga Springs, New York 12866  
 (518) 628-0087 • (518) 587-5188 • Fax: (518) 587-0959  
 This office serves Saratoga, Warren and Washington Counties

James C. Rocker  
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W. Daniel, Esq.  
Executive Director

Peter D. Rocetta  
Deputy Director

Wendy Weinberg  
Deputy Director

Erika Lubels  
Deputy Dir.

May 30, 2023

Via Facsimile only:  
 Sean Ferenc, D.D.S.  
 836 Western Ave.  
 Albany NY 12203  
 Fax no.: 518-689-0035

In re: Jessica McKenna, DOB: 11/01/1986.

Dear Dr. Ferenc:

Our office is assisting your patient, Ms. Jessica McKenna with an appeal of a prior authorization denial by DentaQuest. Ms. McKenna shared with us that on or about April 30, 2023 your office called DentaQuest for a pre-authorization for services, which was verbally denied. We are in the process of submitting an appeal of that verbal denial. Please provide us with a copy of the request for services, or otherwise let us know the procedure codes for the denied services. We would like to include specific codes in the appeal request. Please send us a copy of the documents via fax to (518) 587-0959, or call me at (518) 587-5188, ext. 446 to provide the codes.

A HIPAA Authorization, signed by Jessica McKenna is enclosed.

Should you have any questions or concerns about this request, please contact me at ph: 518-587-5188, ext. 446. Thank you for your assistance with this matter.

Kindest regards,

Legal Aid Society of  
 Northeastern New  
 York, Inc. by  
 Yvonne  
 Kostadinova, Esq.  
 Senior Attorney  
 40 New Street  
 Saratoga Springs NY 12866

Cc: Jessica McKenna

01/22/2013 05:21 5186890035

REED FERENC

PAGE 05/05

Name: Jessica McKenna (109415)

Image Name: Letter for ins

12:56:21 PM 2023164261988

**PRIMARY CARE**

Complex Care Center

Adela Planerova, DDS, MS

Director of Dental Services at Complex Care Center  
905 Calver Rd. Rochester, NY 14609

Re: Jessica, McKenna [REDACTED]

July 14, 2021

To whom it may concern,

Our mutual patient Jessica McKenna was recently seen for evaluation and treatment at The Complex Care Center, Dental clinic, Eastman Institute for Oral Health, University of Rochester.

This patient's complex medical history includes familial Cold Autoinflammatory disease, severe exocrine pancreatic insufficiency, small fiber neuropathy, autonomic dysfunction, bile duct dilatation, chronic pancreatitis, colitis, colon's intertia, fatty liver, Hypermobility syndrome, hypoglycemia, joint and limb edema, pseudo rickets, lymphadenopathy, lymphedema, malabsorption, mega colon, migraine, non-neuropathic hereditary familial amyloidosis, pelvic venous congestion, poly arthritis, post- postural orthostatic tachycardia syndrome retro anal inhibitory reflex, Raynaud's sy, Dry mouth, Allergies to Activin, Gluten, Stimulant laxatives, Zofran, morphine.

History of problem: Jessica is 24 y old female in our care for dental and medical needs. We provided full mouth extractions at the Operating Room settings with General Anesthesia on 2/2020. We fabricated complete dentures on 7/2020, unfortunately with side effect of possible severe local allergic reaction to acrylic bases of the dentures.

Based on clinical and X-ray dental examination the diagnosis includes:

- Edentulous maxilla and mandible.

The current assessment suggests:

- Patient has been treated as per recommendation at OA Strong recently and all remaining teeth were removed during general anesthesia visit.
- Our treatment plan included replacing the missing teeth with dentures.
- Patient experienced localized allergic reactions to acrylic bases of dentures and did not tolerate to wear the denture.
- Patient is struggling with food intake as she is not able to use the dentures and it affects her wellbeing.
- Alternative treatment plan would include placement of implants which would support maxillary and mandibular bridges or overdenture, usually this treatment is not covered by insurance.

Jessica's underlying medical disease limits her ability to tolerate and manage a removable denture system. We suggest to restore the function of dentition by treatment alternative of fixed bridges supported by implants due to significance of declining health due to malnutrition. We believe that restoration of dentition will benefit patients wellbeing overall.

Thank you for consideration to support this treatment plan.  
Best Regards,

Adela Planerova, DDS, MS

905 Calver Rd, Rochester, NY 14609  
Appointments: 585-370-7090

www.ccc.utoronto.ca  
Doc: 585-382-1381

JESSICA MCKENNA  
PO BOX 83  
MIDDLE GROVE, NY 12850

Authorization Reference Number: 202316426198401

\* The CDT Code and Nomenclature in this notice are obtained from Current Dental Terminology (including procedure codes, nomenclatures, descriptors and other data contained therein) ("CDT"). CDT is copyright ©2023 American Dental Association. All rights reserved. Applicable FARS/DFARS apply.









1050 West Genesee Street  
Syracuse, New York 13204

888.477.HOME

**DentaQuest**

[nascentiahealthoptions.org](http://nascentiahealthoptions.org)

## INITIAL ADVERSE DETERMINATION DENIAL NOTICE

June 14, 2023

JESSICA MCKENNA  
PO BOX 83  
MIDDLE GROVE, NY 12850

Enrollee Number: 10000396  
Coverage Type: MLTC Partial Capitation Plan  
Service: D7950 facial surgery for Upper Left Quadrant and Upper Right Quadrant  
D7951 sinus augmentation for Upper Left Quadrant and Upper Right Quadrant  
Provider: Sean Ference  
Plan Reference Number: 202316426198401

Dear JESSICA MCKENNA:

This is an important notice about your services. Read it carefully. If you think this decision is wrong, you can ask for a Plan Appeal by **08/13/2023**. You are not responsible for payment of covered services and this is not a bill. Call this number if you have any questions or need help: 1-888-477-4663.

### **Why am I getting this notice?**

On June 13, 2023, you or your provider asked for  
D7950 facial surgery for Upper Left Quadrant and Upper Right Quadrant  
D7951 sinus augmentation for Upper Left Quadrant and Upper Right Quadrant  
provided by Sean Ference.

You are getting this notice because DentaQuest on behalf of Nascentia Health Options has denied your request for services.

### **Why did we decide to deny the request?**

On June 14, 2023, DentaQuest on behalf of Nascentia Health Options decided to deny this service because:

the service can be provided by a participating provider.

- The request for sinus augmentation, Upper Right Quadrant was denied.
- The request for sinus augmentation, Upper Left Quadrant was denied.
- The request for facial surgery, Upper Right Quadrant was denied.





- The request for facial surgery, Upper Left Quadrant was denied.
- This decision was based on:
- Services are only covered by your Health Plan for in network dentists. Our records do not show that your dentist is in our provider network. You may contact us for a dentist that is in network in your area. We have also told your dentist.

## What if I don't agree with this decision?

If you think our decision is wrong, you can tell us why and ask us to change our decision. This is called a **Plan Appeal**. There is no penalty and we will not treat you differently because you asked for a Plan Appeal.

You have **60 calendar days** from the date of this notice to ask for a Plan Appeal. The deadline to file a Plan Appeal is **08/13/2023**.

## Who can ask for a Plan Appeal?

You can ask for a Plan Appeal, or have someone else ask for you, like a family member, friend, doctor, or lawyer. If you told us before that someone may represent you, that person may ask for the Plan Appeal. If you want someone new to act for you, you and that person must sign and date a statement saying this is what you want. Or, you can both sign and date the attached Plan Appeal Request Form. If you have any questions about choosing someone to act for you, call us at: 1-888-477-4663. TTY users call 711.

You can also call the Independent Consumer Advocacy Network (ICAN) to get free, independent advice about your coverage, complaints, and appeals' options. They can help you manage the appeal process. Contact ICAN to learn more about their services:

Independent Consumer Advocacy Network (ICAN)  
Community Service Society of New York  
633 Third Ave, 10th Floor  
New York, NY 10017  
**Phone:** 1-844-614-8800 (**TTY Relay Service:** 711)  
**Web:** [www.icannys.org](http://www.icannys.org) | **Email:** [ican@cssny.org](mailto:ican@cssny.org)

Are you having trouble getting the substance use disorder or mental health services that you need?

The Community Health Access to Addiction and Mental healthcare Project (CHAMP) is an ombudsman program that can help you with insurance rights and getting coverage for your care.

CHAMP can help! Contact:

Community Health Access to Addiction and Mental Healthcare Project (CHAMP)  
Community Service Society of New York  
633 Third Ave, 10th Floor  
New York, NY 10017

**Phone:** 1-888-614-5400 (**TTY Relay Service:** 711)  
**Web:** <https://www.cssny.org/programs/entry/community-health-access-to-addiction-and-mental-healthcare-project-champ>  
**Email:** [ombuds@oasas.ny.gov](mailto:ombuds@oasas.ny.gov)



## How do I ask for a Plan Appeal?

You can call, write or visit us to ask for a Plan Appeal. You or your provider can ask for your Plan Appeal to be **fast tracked** if you think a delay will cause harm to your health. **If you need help, or need a Plan Appeal right away, call us at 1-888-477-4663.**

### **Step 1** – Gather your information.

When you ask for a Plan Appeal, or soon after, you will need to give us:

- Your name and address
- Enrollee number
- Service you asked for and reason(s) for appealing
- Any information that you want us to review, such as medical records, doctors' letters or other information that explains why you need the service.
- Any specific information needed for the plan to render a decision on appeal.

If your Plan Appeal is fast tracked, there may be a short time to give us information you want us to review.

To help you prepare for your Plan Appeal, you can ask to see the guidelines, medical records and other documents we used to make this decision. You can ask to see these documents or ask for a free copy by calling 1-888-477-4663.

### **Step 2** – Send us your Plan Appeal.

Give us your information and materials by phone, fax, mail or in person:

Phone.....1-888-477-4663

Fax.....315-870-7788

Mail.....1050 West Genesee Street, Syracuse, NY 13204

In Person.....1050 West Genesee Street, Syracuse, NY 13204

To send a written Plan Appeal, you may use the attached Appeal Request Form, but it is not required. Keep a copy of everything for your records.

## What happens next?

We will tell you we received your Plan Appeal and begin our review. We will let you know if we need any other information from you. If you asked to give us information in person, Nascentia Health Options will contact you (and your representative, if any).

We will send you a free copy of the medical records and any other information we will use to make the appeal decision. If your Plan Appeal is fast tracked, there may be a short time to review this information.

We will send you our decision in writing. If fast tracked, we will also contact you by phone. If you win your Plan Appeal, your service will be covered. If you lose your Plan Appeal, we will send you our Final Adverse Determination. The Final Adverse Determination will explain the reasons for our decision and your appeal rights. If you lose your Plan Appeal, you may request a Fair Hearing and, in some cases, an External Appeal.



## When will my Plan Appeal be decided?

**Standard**— We will give you a written decision as fast as your condition requires but no later than 30 calendar days after we get your appeal.

**Fast Track**—We will give you a decision on a fast track Plan Appeal within 72 hours after we get your appeal.

Your Plan Appeal will be fast tracked if:

- A delay will seriously risk your health, life, or ability to function;
- Your provider says the appeal needs to be faster;
- You are asking for more of a service you are getting right now;
- You are asking for home care services after you leave the hospital;
- You are asking for more inpatient substance abuse treatment at least 24 hours before you are discharged; or
- You are asking for mental health or substance abuse services that may be related to a court appearance.

If your request for a Fast Track Plan Appeal is denied, we will let you know in writing and will review your appeal in the standard time.

**For both Standard and Fast Track** - If we need more information about your case, and it is in your best interest, it may take up to 14 days longer to review your Plan Appeal. We will tell you in writing if this happens.

You or your provider may also ask the plan to take up to 14 days longer to review your Plan Appeal.

## Can I ask for a State Fair Hearing?

You have the right to ask the State for a Fair Hearing about this decision **after** you ask for a Plan Appeal **and**:

- You receive a Final Adverse Determination. You will have 120 days from the date of the Final Adverse Determination to ask for a Fair Hearing;

**OR**

- The time for us to decide your Plan Appeal has expired, including any extensions. **If you do not receive a response to your Plan Appeal or we do not decide in time, you can ask for a Fair Hearing.** To request a Fair Hearing call 1-800-342-3334 or fill out the form online at <http://otda.ny.gov/oah/FHReq.asp>.

## Do I have other appeal rights?

You have other appeal rights if your plan said the service was: 1) not medically necessary, 2) experimental or investigational, 3) not different from care you can get in the plan's network, or 4) available from a participating provider who has the correct training and experience to meet your needs.

For these types of decisions, if we do not answer your Plan Appeal on time, the original denial will be reversed.



For these types of decisions, you may be eligible for an External Appeal. An External Appeal is a review of your case by health professionals that do not work for your plan or the State. You may need your doctor's help to fill out the External Appeal application.

Before you ask for an External Appeal:

- You must file a Plan Appeal and get the plan's Final Adverse Determination; or
- If you ask for a Fast Track Plan Appeal, you may also ask for a Fast Track External Appeal at the same time; or
- You and your plan may jointly agree to skip the Plan Appeal process and go directly to the External Appeal.

You have 4 months to ask for an External Appeal from when you receive your plan's Final Adverse Determination, or from when you agreed to skip the Plan Appeal process.

To get an External Appeal application and instructions:

- Call Nascentia Health Options at 1-888-477-4663; or
- Call the New York State Department of Financial Services at 1-800-400-8882; or
- Go on line: [www.dfs.ny.gov](http://www.dfs.ny.gov)

The External Appeal decision will be made in 30 days. Fast track decisions are made in 72 hours. The decision will be sent to you in writing. If you ask for an External Appeal and a Fair Hearing, the Fair Hearing decision will be the final decision about your benefits.

### **Other help:**

You can file a complaint about your managed care at any time with the New York State Department of Health by calling 1-866-712-7197.

You can call Nascentia Health Options at 1-888-477-4663 if you have any questions about this notice.

Sincerely,

Utilization Management Department  
DentaQuest

Enclosure: Appeal Request Form

cc: Sean Ference





**Nascentia Health Options APPEAL REQUEST FORM  
FOR DENIAL OF SERVICES**

**Mail this form to:**

Nascentia Health Options  
1050 West Genesee Street  
Syracuse, NY 13204

**Fax to:** 315-477-9590

Today's date: \_\_\_\_\_

**Deadline:** If you want a Plan Appeal, **you must ask for it on time. You have 60 days** from the date of this notice to ask for a Plan Appeal. The last day to ask for a Plan Appeal about this decision is **08/13/2023**.

---

**Enrollee Information**

Name: JESSICA MCKENNA

Enrollee ID: 10000396

Address: PO BOX 83 MIDDLE GROVE, NY 12850

Home Phone: (518) 573-7269 Cell Phone:

Plan Reference Number: 202316426198401

Service being Denied: D7950 facial surgery for Upper Left Quadrant and Upper Right Quadrant

D7951 sinus augmentation for Upper Left Quadrant and Upper Right Quadrant

**I think the plan's decision is wrong because:**

---

Check all that apply:

- ☐ I request a Fast Track Appeal because a delay could harm my health.
- ☐ I enclosed additional documents for review during the appeal.
- ☐ I would like to give information in person.
- ☐ I want someone to ask for a Plan Appeal for me:
  - Have you authorized this person with Nascentia Health Options before? YES ☐ NO ☐
  - Do you want this person to act for you for all steps of the appeal or fair hearing about this decision? You can let us know if change your mind. YES ☐ NO ☐

**Requester (person asking for me)**

Name:

E- mail:

Address:

City:

State:

Zip Code:

Phone #: (        )

Fax #: (        )

**Enrollee Signature:**

**Date:**

**Requester Signature:**

**Date:**





*If this form cannot be signed, the plan will follow up with the enrollee to confirm intent to appeal.*







## NOTICE OF NON-DISCRIMINATION

**Nascentia Health Options** complies with Federal civil rights laws. **Nascentia Health Options** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

**Nascentia Health Options** provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose first language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call **Nascentia Health Options** at 1-888-477-4663. For TTY/TDD services, call TTY/TDD 711.

If you believe that **Nascentia Health Options** has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with **Nascentia Health Options** by:

Mail: 1050 West Genesee Street, Syracuse, NY 13204

Phone: 1-888-477-4663 (for TTY/TDD services, call 711)

Fax: 315-870-7788

In person: 1050 West Genesee Street, Syracuse, NY 13204

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

Web: Office for Civil Rights Complaint Portal at

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Mail: U.S. Department of Health and Human Services

200 Independence Avenue SW., Room 509F, HHH Building  
Washington, DC 20201

Complaint forms are available at

<http://www.hhs.gov/ocr/office/file/index.html>

Phone: 1-800-368-1019 (TTY/TDD 800-537-7697)



ATTENTION: Language assistance services, free of charge, are available to you. Call 1-888-477-4663 TTY/TDD 711 .	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-477-4663 TTY/TDD 711.	Spanish
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-477-4663 TTY/TDD 711.	Chinese
ملحوظة: إذا كنت تتحدث أكثر اللغات، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 4663-477-888-1م- TTY/TDD 711 (>رقم هاتف الصم والبكم	Arabic
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-477-4663 TTY/TDD 711 번으로 전화해 주십시오.	Korean
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-477-4663 (телетайп: TTY/TDD 711).	Russian
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-477-4663 TTY/TDD 711.	Italian
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-477-4663 TTY/TDD 711.	French
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-477-4663 TTY/TDD 711.	French Creole
אויפֿמערקזאַם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט <1-888-477-4663/TTY/TDD 711.	Yiddish
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-477-4663 TTY/TDD 711	Polish
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa <1-888-477-4663/TTY/TDD 711.	Tagalog
লক্ষ্য করুন: যদি আপনি বাংলা, কথো বলতে পারেন, তাহলে দরখোস্তে ভাষা সহায়তা পদক্ষেপে উপলব্ধ। ফোন করুন ১-৮৮৮-৪৭৭-৪৬৬৩ TTY/TDD 711	Bengali
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në <1-888-477-4663 TTY/TDD 711.	Albanian
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-888-477-4663 TTY/TDD 711.	Greek
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں <1-888-477-4663 711 TTY>.	Urdu



# Fax Transmission

**To:** Dentaquest obo Nascentia

**From:** saratogafax@lasnny.org

**Fax:** 13158707788

**Date:** 7/25/2023 9:41:26 AM EDT

**RE:** appeal request

**Pages:** 18

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## Comments:

Please see enclosed expedited appeal request with enclosures.

Thank you,  
Yoana



40 New Street, Saratoga Springs, New York 12866  
(833) 628-0087 | (518) 587-5188 | Fax: (518) 587-0959

*This office serves Saratoga, Warren and Washington Counties*

James E. Hacker  
President

Nic Rangel, Esq.  
Executive Director

Peter D. Racette  
Deputy Director

Wendy Wahlberg  
Deputy Director

Erica Ludwick  
Deputy Director

July 25, 2023

Via facsimile to: 315-870-7788

DentaQuest o/b/o  
Nascentia Health Options  
1050 West Genesee Street  
Syracuse New York 13204

**REQUEST FOR FAST TRACK/EXPEDITED PLAN APPEAL**

In re: Jessica McKenna, PO Box 83, Middle Grove NY 12850, DOB:  
[REDACTED] Enrollee Number 10000396; ph.no.: (518) 573-7269.

Dear DentaQuest:

Our office represents your enrollee Ms. Jessica McKenna. We are in receipt of your Initial Adverse Determination Denial Notice Dated June 14, 2023, with plan reference number: 202316426198401. We hereby request an expedited/fast track appeal of the determination, because Ms. McKenna's conditions are deteriorating due to the lack of dentition. A letter from Ms. McKenna's healthcare provider explaining her health issues and the need for expedited appeal is enclosed herein as Exhibit A.

On June 13, 2023, Dr. Ference requested approval for the following services: D7950 facial surgery for Upper Left Quadrant and Upper Right Quadrant; and D7951 sinus augmentation for Upper Left Quadrant and Upper Right Quadrant.

We hereby request reversal of the denial and approval of the services.

According to the NY State Medicaid Dental Policy and Procedure Code Manual procedure codes D7950 and D7951 are services covered under the Medicaid plan. See pg. 58, 70 of the Manual. See Exhibit B.

In your Denial Notice you state that: "On June 14, 2023, DentaQuest on behalf of Nascentia Health Options decided to deny this service because: the service can be provided by a participating provider."

"The decision was based on:

- Services are only covered by your Health Plan for in network dentists. Our records do not show that your dentist is in our provider network.



You may contact us for a dentist that is in network in your area. We have also told your dentist."

This statement is both incorrect and renders your notice a legal nullity. You have failed to comply with the requirements for adequate notice under 18 NYCRR 358-3.3(a) and 18 NYCRR 358-2.2(a). It is also incorrect and misleading to claim that Ms. McKenna's health plan only covers in network dentists, for the reasons more fully described below. Additionally, Ms. McKenna has reached out on numerous occasions to the plan to find in network dentists. No dentists specializing in prosthodontics, dental anesthesia and implants are available in network in her area. Should there be a participating provider with such specializations in Ms. McKenna's area, please notify us immediately.

The only referral that was ever given to Ms. McKenna for an in-network provider was for a clinic in Schenectady, New York – Hometown Health Centers. They provide only primary and preventative care. They do not have specialists on staff that Ms. McKenna requires due to her complex medical conditions, including but not limited to prosthodontists and dental anesthesiologists. Ms. McKenna's providers have also opined that due to her medical conditions she requires specialized care which cannot be rendered in a clinical setting. Please see enclosed medical notes from Ms. McKenna's primary care provider Amanda A. Devine, NP and from Dr. Ference confirming that the surgeries and procedures which Ms. McKenna needs are not appropriate for a clinic setting, and that given her complicated medical history she requires the care of a specialist. See Exhibit C.

As a health plan, you have an obligation to provide your enrollees with adequate care to address their medical needs, including dental needs. Section 506.2(a) of 18 NYCRR provides that dental care in the Medical Assistance program shall include dental prosthetic and orthodontic appliances required to alleviate a serious health condition including one which affects employability. In order for Medicaid to cover dental implants and implant related services, the request for prior approval must include a letter from the patient's physician explaining how implants will alleviate the patient's medical condition and a letter from the patient's dentist explaining why other covered functional alternatives for prosthetic replacement will not correct the patient's dental condition. New York State Medicaid Program Provider Manual for Dental Procedure Codes Section VIII.

Here, Ms. McKenna has fully complied with the legal requirements for the services to be approved. She has provided a pre-authorization request in which both her dentists and her physician's office explain how implants will alleviate her medical conditions, and why other covered functional alternatives for prosthetic replacement will not correct her dental condition(s). Notably, Ms. McKenna's teeth have been extracted, she is unable to tolerate removable dentures due to her medical

conditions, which leave implants and related bridgework as the only viable option for restoring her dentition.

Further, The Medicaid Managed Care/Family Health Plus/HIV Special Needs Plan Model Contract, which you as Medicaid Contractor are bound by, advises, in relevant part: if the Contractor “does not have a Participating Provider with *appropriate training and experience* to meet the particular health care needs of an Enrollee, the Contractor shall make a referral to an appropriate Non-Participating Provider, pursuant to a treatment plan approved by the Contractor in consultation with the Primary Care Provider, the Non-Participating Provider and the Enrollee or the Enrollee’s designee. The Contractor shall pay for the cost of the services in the treatment plan provided by the Non-Participating Provider for as long as the Contractor is unable to provide the service through a Participating Provider.” (emphasis added.)

Also, the Nascentia Health Options Member Handbook states that Nascentia approves dental prior authorizations for services. See page 15-16 of the Handbook. The Handbook expressly states that if no in network providers are available “Nascentia Health Options will work with providers outside of our network for you to get medically necessary services that are covered.” See Handbook pg. 5.

Because no in network providers are available to meet Ms. McKenna’s specialized needs, and Ms. McKenna’s dental and primary care provider have proposed an appropriate treatment plan for medically necessary services, her treatment with the non-participating provider should be approved.

Further, there is no doubt that Ms. McKenna’s lack of dentition affects her employability, because she is a chef by profession, thus both the medical necessity to alleviate a serious health condition and the employability criteria of Section 506.2(a) of 18 NYCRR are met.

For the foregoing reasons, we respectfully request that you review Ms. McKenna’s case and rescind your Initial Adverse Determination Denial Notice dated June 13, 2023. We request that the services requested by Dr. Ference be approved as necessary out of network treatment for Ms. McKenna. We believe expedited review of our appeal request is appropriate as Ms. McKenna’s health continues to deteriorate daily due to pain and malnutrition, caused by the absence of adequate dentition.

We are enclosing here a letter from Dr. Ference which explains the complexity of Ms. McKenna’s case and the need for specialized treatment, and a letter from her primary care provider attesting the same. Exhibit C. We are also enclosing relevant parts of the Nascentia Handbook for your review. Exhibit D.

Should you need any additional information about this appeal, please contact the undersigned attorney at (518)587-5188, ext. 446.

Respectfully Submitted:



Legal Aid Society of  
Northeastern New York, Inc.  
*Attorneys for Jessica  
McKenna*  
by Yoana Kostadinova, Esq.  
Senior Attorney  
40 New Street  
Saratoga Springs NY 12866

YNK

Encl.

Cc: Jessica McKenna



# EXHIBIT A

7/20/23, 3:46 PM

MyChart - Letters

Name: Jess McKenna | DOB: 11/1/1986 | MRN: E3309263 | PCP: Amanda A Devine, NP | Legal Name: Jessica McKenna

## Letter Details



**UR MEDICINE  
COMPLEX CARE  
CENTER  
905 CULVER RD  
ROCHESTER NY  
14609-7115  
Dept: 585-276-7900  
Dept Fax: 585-288-  
1381**

July 20, 2023

To Whom It May Concern:

Jessica McKenna is seen and treated at Complex Care Center for management of POTS Syndrome (G90.0), Gastroparesis (K31.84), PRSS1 (K86.1), and Cystic Fibrosis (E84.9). As a result of her disease processes, Jessica suffers significant mouth pain and dental decay. She has required extensive surgical repairs by her dental provider, Adela Planerova, DDS to correct this. In return, she requires the use of permanent dental implants to maintain adequate food and liquid consumption.

Due to Jessica's underlying medical conditions, her disease limits the ability to tolerate and manage a removable denture option. In my professional medical opinion, I would recommend an **expedited appeal**, to prevent additional impact on Jessica's declining health and overall wellbeing.

If you have further questions please don't hesitate to call.

Sincerely,

Amanda A Devine, NP

*Electronically signed by Amanda A Devine, NP 7/20/2023 3:22 PM*

*This letter was initially viewed by Jess McKenna at 7/20/2023 3:24 PM.*

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# EXHIBIT B

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Dental Policy and Procedure Code Manual

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**CODE****DESCRIPTION**

**edentulous tooth position in same graft site (TOOTH) (PA REQUIRED) (POST OPERATIVE CARE: 14 DAYS)**

Used in conjunction with D4277.

**D4283 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site (TOOTH) (PA REQUIRED) (POST OPERATIVE CARE: 14 DAYS)** \$202.00

Used in conjunction with D4273.

**D4285 Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site. (TOOTH) (PA REQUIRED) (POST OPERATIVE CARE: 14 DAYS)** \$303.00

Used in conjunction with D4275.

The following procedure codes are a covered benefit only when associated with an implant or an implant-related service: **D7951**, **D7952**, **D7953**.

**D7951 Sinus augmentation with bone or bone substitutes via a lateral open approach (QUAD) (PA REQUIRED) (POST OPERATIVE CARE: 14 DAYS)** \$808.00

The augmentation of the sinus cavity to increase alveolar height for reconstruction of edentulous portions of the maxilla. This procedure is performed via a lateral open approach. This includes obtaining the bone or bone substitutes. Placement of a barrier membrane if used should be reported separately.

**D7952 Sinus augmentation with bone or bone substitutes via a vertical approach (QUAD) (PA REQUIRED) (POST OPERATIVE CARE: 14 DAYS)** \$808.00

The augmentation of the sinus to increase alveolar height by vertical access through the ridge crest by raising the floor of the sinus and grafting as necessary. This includes obtaining the bone or bone substitutes.

**D7953 Bone replacement graft for ridge preservation – per site (TOOTH) (PA REQUIRED) (POST OPERATIVE CARE: 10 DAYS)** \$252.50

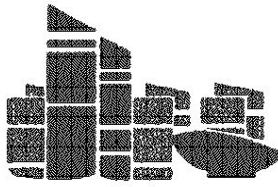
Graft is placed in an extraction or implant removal site at the time of the extraction or removal to preserve ridge integrity (e.g., clinically indicated in preparation for implant reconstruction or where alveolar contour is critical to planned prosthetic reconstruction). Does not include obtaining graft material. Membrane, if used should be reported separately.

## Dental Policy and Procedure Code Manual

<u>CODE</u>	<u>DESCRIPTION</u>	
D7947	<b>LeFort I (maxilla-segmented) (REPORT NEEDED)</b> (POST OPERATIVE CARE: 90 DAYS) When reporting a surgically assisted palatal expansion without downfracture, this code would entail a reduced service and should be "by report" using procedure code D7999.	\$2,929.00
D7948	<b>LeFort II or LeFort III (osteoplasty of facial bones for midface hyperplasia or retrusion) - without bone graft (REPORT NEEDED) (POST OPERATIVE CARE: 90 DAYS)</b>	\$2,929.00
D7949	<b>LeFort II or LeFort III with bone graft (REPORT NEEDED)</b> (POST OPERATIVE CARE: 90 DAYS)	\$3,514.80
D7950	<b>Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report (REPORT NEEDED) (POST OPERATIVE CARE: 90 DAYS)</b>	(BR)
D7961	<b>Buccal / labial frenectomy (frenulectomy) (ARCH) (REPORT NEEDED) (POST OPERATIVE CARE: 14 DAYS)</b> Removal or release of mucosal and muscle elements of a buccal/labial frenum that is associated with a pathological condition or interferes with proper oral development or treatment.	\$191.90
D7962	<b>Lingual frenectomy (frenulectomy) (ARCH) (REPORT NEEDED) (POST OPERATIVE CARE: 14 DAYS)</b> Removal or release of mucosal and muscle elements of a lingual frenum that is associated with a pathological condition or interferes with proper oral development or treatment.	\$191.90
D7970	<b>Excision of hyperplastic tissue- per arch (ARCH) (REPORT NEEDED) (POST OPERATIVE CARE: 14 DAYS)</b>	\$151.50
D7971	<b>Excision of pericoronal gingiva (TOOTH) (REPORT NEEDED) (POST OPERATIVE CARE: 10 DAYS)</b> All claims will be pended for professional review.	\$60.60
D7972	<b>Surgical reduction of fibrous tuberosity (QUAD) (REPORT NEEDED) (POST OPERATIVE CARE: 14 DAYS)</b>	(BR)
D7980	<b>Surgical sialolithotomy (POST OPERATIVE CARE: 14 DAYS)</b>	\$292.90
D7981	<b>Excision of salivary gland, by report (REPORT NEEDED) (POST OPERATIVE CARE: 30 DAYS)</b>	(BR)
D7982	<b>Sialodochoplasty (REPORT NEEDED) (POST OPERATIVE CARE: 30 DAYS)</b>	\$834.26
D7983	<b>Closure of salivary fistula (REPORT NEEDED) (POST OPERATIVE CARE: 30 DAYS)</b>	(BR)
D7990	<b>Emergency tracheotomy</b>	\$732.25
D7991	<b>Coronoidectomy (REPORT NEEDED) (POST OPERATIVE CARE: 60 DAYS)</b>	\$556.51
D7997	<b>Appliance removal (not by dentist who placed appliance), includes removal of archbar (REPORT NEEDED) (POST OPERATIVE CARE: 14 DAYS)</b> Not for removal of orthodontic appliances. Includes both arches, if necessary.	(BR)
D7998	<b>Intraoral placement of a fixation device not in conjunction with a fracture (REPORT NEEDED)</b> Includes both arches, if necessary.	(BR)



# EXHIBIT C



# CAPITAL REGION

Periodontics & Dental Implants

Reed Ference DDS, M. DENT. SC  
Sean Ference DDS, M. DENT. SC

838 Western Ave  
Albany, NY 12203

(518) 489-3201

[www.albanyperioandimplants.com](http://www.albanyperioandimplants.com)

To Whom it May Concern,

My patient Jessica McKenna requires additional multi-phase surgeries to restore her to a full and functioning dentition. This requires regrowth of bone in the maxilla, as well as the sinus, an extensive healing period, and accurate placement of dental implants to support a fixed denture. These surgeries are difficult and complex and require someone with experience as they need to be successful the first time around.

In addition, Jessica requires IV sedation due to her complicated medical history and the length of each surgery. We have a relationship with a dental anesthesiologist who has successfully worked with Jessica in the past that will be assisting us with her upcoming surgeries.

Due to the complexity of her case and her complicated medical history, I believe Jessica's treatment would not be best served in a clinic setting. She would benefit from being seen in a private practice by an experienced surgeon that knows her. I believe changing doctors' mid treatment would be detrimental to her health and the success of the surgeries.

I ask you to please consider allowing her to continue care in our office. If you have any questions about her care here, please feel free to reach out.

Sincerely,

*Sean Ference D.D.S.*

Sean Ference DDS

838 Western Ave  
Albany, NY 12203

(518) 489-3201

[www.albanyperioandimplants.com](http://www.albanyperioandimplants.com)

7/10/23, 9:00 AM

MyChart - Letters

Name: Jess McKenna | DOB: 11/1/1986 | MRN: E3309263 | PCP: Amanda A Devine, NP | Legal Name: Jessica McKenna

## Letter Details



UNIVERSITY of  
**ROCHESTER**  
MEDICAL CENTER

Name: Jessica McKenna

MRN: E3309263

Date of Birth: [REDACTED]

July 7, 2023

To Whom It May Concern,

I am writing on behalf of my patient, Jessica McKenna as her primary care provider at the Complex Care Center. Given Jessica's issues and teeth loss she has had to maintain a soft/liquid diet which has complicated and worsened her nutritional status. She requires nutritional supplements to provide the necessary nutrients to maintain health as a result of tooth loss, I do not believe this to be related to malabsorption from underlying conditions at this time as we are able to provide appropriate pancreatic enzyme dosing.

It is also my professional opinion that the type of surgeries and procedures Jessica has required to restore her dental health are not appropriate for a clinic setting. Given her complicated medical history she requires the care of a specialist.

Sincerely,

Amanda A Devine, NP

CC:

No Recipients



7/10/23, 9:00 AM

MyChart - Letters

*This letter was initially viewed by Jess McKenna at 7/7/2023 11:52 AM.*

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# EXHIBIT D

**Care Management Services**

As a member of our plan, you will get Care Management Services. Our plan will provide you with a care manager who is a health care professional – usually a nurse or a social worker. Your care manager will work with you and your doctor to decide the services you need and develop a care plan. Your care manager will also arrange appointments for any services you need and arrange for transportation to those services. When you join Nascentia Health Options you will be assigned to a Care Manager. This person will assist in arranging and coordinating care within and outside of our provider network. We will collaborate with your physician on your plan of care to ensure that you have the services you need to remain safely at home. **Your physician will be asked to provide signed orders for your services.** With Nascentia Health Options if you need home care, home delivered meals, or see a dentist your Care Manager will help you arrange it.

Nascentia Health Options is available to you every day and night. If you need to speak to someone after hours or weekends, contact our on-call staff at 888-477-HOME (4663) to assist you.

**Additional Covered Services**

Because you have Medicaid and qualify for MLTC, our plan will arrange and pay for the extra health and social services described below. You may get these services as long as they are medically necessary, that is, they are needed to prevent or treat your illness or disability. Your care manager will help identify the services and providers you need. In some cases, you may need a referral or an order from your doctor to get these services. You must get these services from the providers who are in Nascentia Health Options network. If you cannot find a provider in our plan and there are no additional providers available in Nascentia Health Options network, Nascentia Health Options will work with providers outside of our network for you to get medically necessary services that are covered.

Should your provider decide to leave Nascentia Health Options network and you are in an ongoing course of treatment, you may continue with that provider as we transition you to another within our network. Your care with that provider will continue for up to 90 days if the provider accepts payment at the plan rate, adheres to plan quality assurance and other policies, and provides medical information about the care to the plan.

- **Outpatient Rehabilitation**
- **Personal Care** (such as assistance with bathing, eating, dressing, toileting and walking)
- **Home Health Care Services Not Covered by Medicare** including nursing, home health aide, occupational, physical and speech therapies
- **Nutrition**
- **Medical Social Services**
- **Home Delivered Meals and/or meals in a group setting such as a day care**
- **Social Day Care**
- **Non-Emergency Transportation**
- **Private Duty Nursing**

- **Dental**
- **Social/Environmental Supports** (such as chore services, home modifications or respite)
- **Personal Emergency Response System**
- **Adult Day Health Care**
- **Nursing Home Care not covered by Medicare** (*provided you are eligible for institutional Medicaid*)
- **Audiology**
- **DME**
- **Medical Supplies**
- **Prosthetics and Orthotics**
- **Optometry**
- **Consumer Directed Personal Assistance Services**
- **Podiatry**
- **Respiratory Therapy**

#### **Person Centered Service Planning and Care Management**

Upon enrollment, you will be assigned a Care Manager who will assist you to access necessary covered services as identified in your person-centered service plan. (PCSP) It also provides referral and coordination of other services in support of your PCSP Care management services will assist you to obtain needed medical, social, educational, psychosocial, financial and other services in support of the PCSP even if the needed services are not covered under Nascentia Health Options.

#### **Home Care Services (Nursing, Therapy, Home Health Aide and Personal Care)**

Home care is one of the key components to maintaining you in your home and community. Your Care Manager will assess your home care needs and determine the frequency that you will require these services. They will authorize the amount of service that is determined to meet your medical and personal care needs. Home care includes the following services which are of a preventive, therapeutic rehabilitative, health guidance and/or supportive nature: nursing services, home health aide services, nutritional services, social work services, physical therapy, occupational therapy and speech/language pathology.

#### **Nursing Services**

Include intermittent, part-time and continuous nursing services provided in accordance with an ordering physician's treatment plan as outlined in the physician's recommendation. Nursing services must be provided by RNs and LPNs in accordance with the Nurse Practice Act. Nursing services include care rendered directly to the individual and instructions to his family or caretaker in the procedures necessary for the patient's treatment or maintenance.

#### **Physical Therapy (PT)**

Rehabilitation services provided by a licensed and registered physical therapist for the purpose of maximum reduction of physical or mental disability and restoration of the Enrollee to his or her best functional level. Physical therapy services provided in home and



dressings, feeding and nutritional and environmental support functions. Personal care must be medically necessary, ordered by the Enrollee's physician and provided by a person qualified under NYS regulations in accordance with a PCSP.

**Consumer Directed Personal Assistance Program (CDPAP)**

The purpose of the Consumer Directed Personal Assistance Program is to permit chronically ill or physically disabled individuals receiving home care services under the medical assistance program greater flexibility and freedom of choice in obtaining such services. Assistance is provided for some or total assistance with personal care services, home health aide services and skilled nursing tasks by a consumer directed personal assistant under the instruction, supervision and direction of a member or the member's designated representative.

A Personal Assistant is an adult who provides consumer directed personal assistance to a member under the member's instruction, supervision and direction or under the instruction, supervision and direction of the member's designated representative. A member's spouse, parent or designated representative may not be the consumer directed personal assistant for that member; however, a consumer directed personal assistant may include any other adult relative of the member who does not reside with the member or any other adult relative who resides with the member because the amount of care the member requires makes such relative's presence necessary.

The plan must assess whether the individual is eligible for the program. The assessment process includes a physician's or practitioner order, a social assessment and a nursing assessment to determine if this is the appropriate level of assistance.

**Dental Care**

We believe that providing you with good dental care is important to your overall health. We offer dental care through Denta Quest as indicated in the provider network section. Covered **Dentistry** services includes but shall not be limited to preventive, prophylactic and other dental care, services and supplies, routine exams, ~~prophylaxis, oral surgery, and dental prosthetic and orthotic appliances~~ required to alleviate a serious health condition including one which affects employability.

**How to Access Dental Services:**

Dental services are administered through Denta Quest who has a large network of dental providers that can meet your personal needs.

To find a dentist in your area, call 1-844-824-2024 or TTY/TDD 1-800-466-7566 and tell them you are a member of Nascentia Health Options. The operator will give you a list of dentists near you that you can choose from.

For further assistance in arranging dental services you can contact your Care Manager and they will help you schedule an appointment.

Make sure you bring your Member ID card with you to your appointment so the dentist can